

SAMPLE FORMAT FOR NEGOTIATION SUPPORT MEMORANDUM

Negotiation Support Objectives for FY03 Comprehensive Subcontracting Plan for [Identify company name and location, Effective Period, SBLO Name and Telephone Number]

A. GENERAL INFORMATION:

1. Date _____ Total Subcontracting Dollar Amount \$_____ **1**
2. Updated: _____ Total Subcontracting Dollar Amount \$_____ **2**
3. Authority to Negotiate (Cite Federal Register). **3**
4. Comprehensive Plan is developed on a (plant, division, corporate) level. **4**
5. SF 295 data submitted through (Specify DCMA activity inputting DIOR data). **5**

B. MAJOR PROGRAMS COVERED BY COMPREHENSIVE PLAN: **6**

C. ANALYSIS OF SUBCONTRACTING PLAN:

1. FAR 19.704 Requirements: (Give detailed analysis on whether plan addressed all elements) **7**
2. Past Performance: (Give detailed analysis of performance history) **8**
3. Mentor Protégé Agreements: **9**
4. Target Industry Categories (Initiatives): **10**
5. Contractor Program Management: (Discuss overall program management including deficiencies therein and their impact on the negotiation) **11**
6. Other Issues: **12**

D. NEGOTIATION OBJECTIVES:

1. Goal Objectives: Goals shown are percentages of total subcontracting dollars. **13**

Goal	Proposed	Recommend
Total Subcontracting Dollars		Not Applicable
Small Business		
Small Disadvantaged		
Women –Owned Small Business		
HUBZone Small Business		
Veteran –Owned Small Business		
Service Disabled VOSB		
HBCU/MI		

2. Synopsis of Proposed Subcontracting Objectives: **14**
3. Overall Determination (Fair and Reasonable) **15**

E. JUSTIFICATION FOR CONTINUATION OR TERMINATION AS PROGRAM PARTICIPANT: 16

F. EXHIBITS 17

- ___ SF 295 Summary Subcontract Report (prior fiscal year and most current)
- ___ Copy of latest review used for performance analysis
- ___ Contractor Subcontracting Plan
- ___ Performance History (May be included as part of plan)

G. SUBCONTRACT PLAN REVIEW/APPROVAL: 18

SERVICE POC **19**

COMPREHENSIVE PLAN PROGRAM MANAGER **20**

COMPREHENSIVE PLAN DIVISION CHIEF **21**

DCMA SMALL BUSINESS CENTER DIRECTOR **22**

DCMA HQ EXECUTIVE DIRECTOR (if applicable) **23**

Program Manager

Date **24**

Center Director

Date **25**